

Date of incident _____

Today's date _____

Name of person being bullied or harassed

First First

Names of alleged bullies or harassers

First Last First Last_____
First Last First Last

Alleged bully or harasser is a (check all that apply)

☐ student ☐ staff member ☐ volunteer

Person was bullied or harassed because of their actual or perceived (check all that apply)

<input type="checkbox"/> age	<input type="checkbox"/> gender identity
<input type="checkbox"/> race/color	<input type="checkbox"/> physical attributes
<input type="checkbox"/> creed/religion	<input type="checkbox"/> physical or mental disability
<input type="checkbox"/> national origin/ancestry	<input type="checkbox"/> physical or mental ability
<input type="checkbox"/> marital status	<input type="checkbox"/> political party preference/political belief
<input type="checkbox"/> sex	<input type="checkbox"/> socioeconomic status
<input type="checkbox"/> sexual orientation	<input type="checkbox"/> familial status

Person was bullied and or harassed in the following ways (check all that apply)

<input type="checkbox"/> electronic communication (includes text messaging)	<input type="checkbox"/> physical
<input type="checkbox"/> written communication	<input type="checkbox"/> other (please explain) _____
<input type="checkbox"/> verbal	_____

Person was bullied and or harassed on/in the

<input type="checkbox"/> bus	<input type="checkbox"/> cafeteria
<input type="checkbox"/> hallway	<input type="checkbox"/> extracurricular activity (on/off campus)
<input type="checkbox"/> classroom	<input type="checkbox"/> bathroom
<input type="checkbox"/> locker room	<input type="checkbox"/> other
<input type="checkbox"/> gym	

Please describe the incident

If you are the person being bullied or harassed, please describe how the incident has affected you

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Date Investigation was completed _____

Outcome of Investigation

- ☐ Iowa Safe Schools Law was violated
Incident qualifies under the Safe Schools Law because (check all that apply)
- ☐ Conduct places the student in reasonable fear of harm to the student's person or property.
 - ☐ Conduct has a substantially detrimental effect on the student's physical or mental health.
 - ☐ Conduct has the effect of substantially interfering with the student's academic performance.
 - ☐ Conduct has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.
 - ☐ Conduct constitutes reprisal, retaliation or false accusation against a victim, witness or individual who has reliable information about an act of harassment or bullying.
- ☐ Iowa Safe Schools Law was not violated, but another law/school policy/rule was violated
- ☐ no law/rule/policy was violated

Consequences/remedial action (check all that apply)*Student*

- | | |
|--|--|
| <input type="checkbox"/> no consequences | <input type="checkbox"/> specialized seating assignment |
| <input type="checkbox"/> apology | <input type="checkbox"/> detention (includes Saturday School) |
| <input type="checkbox"/> verbal warning | <input type="checkbox"/> expulsion Number of days _____ |
| <input type="checkbox"/> written warning | <input type="checkbox"/> out of school suspension Number of days _____ |
| <input type="checkbox"/> parent(s) notified | <input type="checkbox"/> in school suspension Number of days _____ |
| <input type="checkbox"/> parent conference | <input type="checkbox"/> bus suspension Number of days _____ |
| <input type="checkbox"/> mediation (nonbinding) | <input type="checkbox"/> law enforcement involved |
| <input type="checkbox"/> signed agreement to avoid further incidences | <input type="checkbox"/> community service |
| <input type="checkbox"/> educational materials given to bully/harasser | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> counseling | |
| <input type="checkbox"/> restricted privileges (includes loss of recess, isolated lunch, extracurricular activities, etc.) | |

Staff

- | | |
|---|---|
| <input type="checkbox"/> no consequences | <input type="checkbox"/> administrative leave |
| <input type="checkbox"/> verbal warning | <input type="checkbox"/> dismissal |
| <input type="checkbox"/> written warning | <input type="checkbox"/> letter in personnel file |
| <input type="checkbox"/> suspension with pay | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> suspension without pay | |

Volunteer

- | | |
|--|---|
| <input type="checkbox"/> no consequences | <input type="checkbox"/> removed from service |
| <input type="checkbox"/> verbal warning | <input type="checkbox"/> restricted from school grounds |
| <input type="checkbox"/> written warning | |

Investigator Notes: